

World Organisation for Animal Health

Training Workshop on Animal Disease surveillance

WOAH ANIMAL HEALTH SURVEILLANCE STANDARDS

Bolortuya P
WOAH SRR SEA

12-13 November 2026
Manila, The Philippines

WORLD ORGANISATION FOR ANIMAL HEALTH

WOAH serves as a global authority on animal health and welfare, setting international standards, coordinating disease control efforts, and facilitating safe trade in animals and animal products.

WOAH MISSION AND VISION

Vision

Provide leadership in global animal health governance. Improve animal health care and welfare worldwide and support global goals.

- **Public Health**
- **Global food security and safety**
- **Safe and fair trade**
- **Sustainable socioeconomic development**

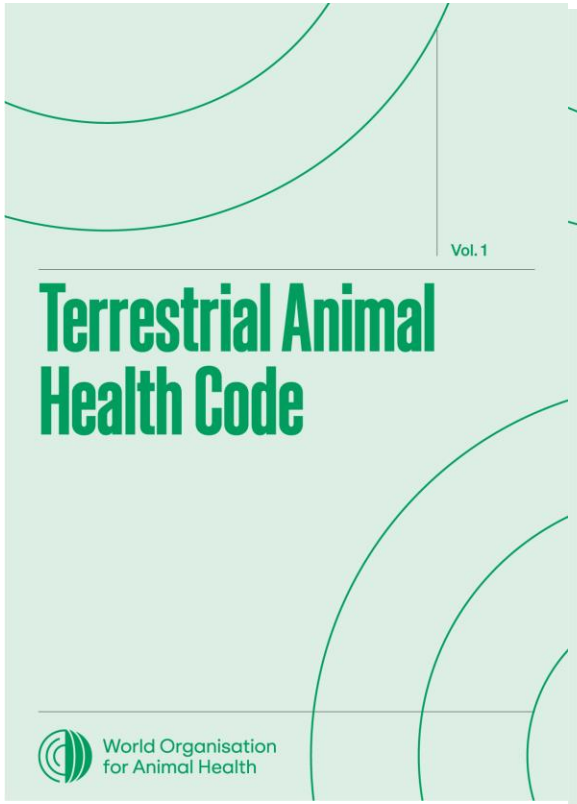
Mission

- Coordinate animal health and welfare
- Foster transparency in the animal disease situation
- Strengthen health systems through Veterinary Services

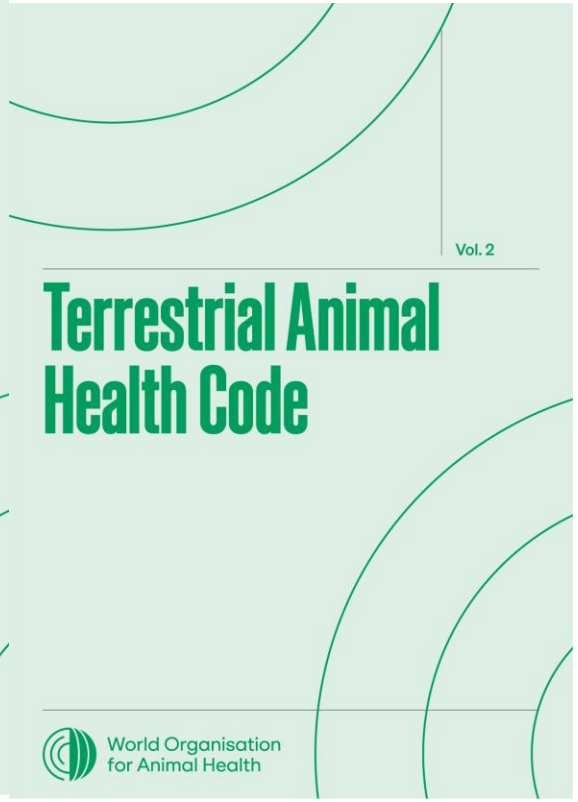
Key actions

- **Standard Setting and implementation**
  Developing international standards, guidelines, recommendations on the best available evidence
- **Coordinating global frameworks**
  Developing and supporting Veterinary Services implement global strategies and initiatives
- **Information Management**
  Collecting, managing, analysing and giving access to health systems-related data, including real-time information on the state of animal health worldwide
- **Capacity Building**
  Engaging Veterinary Services through the PVS Pathway in assessment, strategic planning and capacity development
- **Facilitating collaboration**
  Communicating with and engaging WOAH stakeholders, on animal health welfare, and veterinary public health issues

Standard Setting : Terrestrial/Aquatic Animal Health Code (TAHC)



Volume I
User's guide and Horizontal chapters



Volume II
Disease-specific chapters

- Improvement of animal health, welfare, veterinary public health
- Safe international trade in terrestrial and aquatic animal health

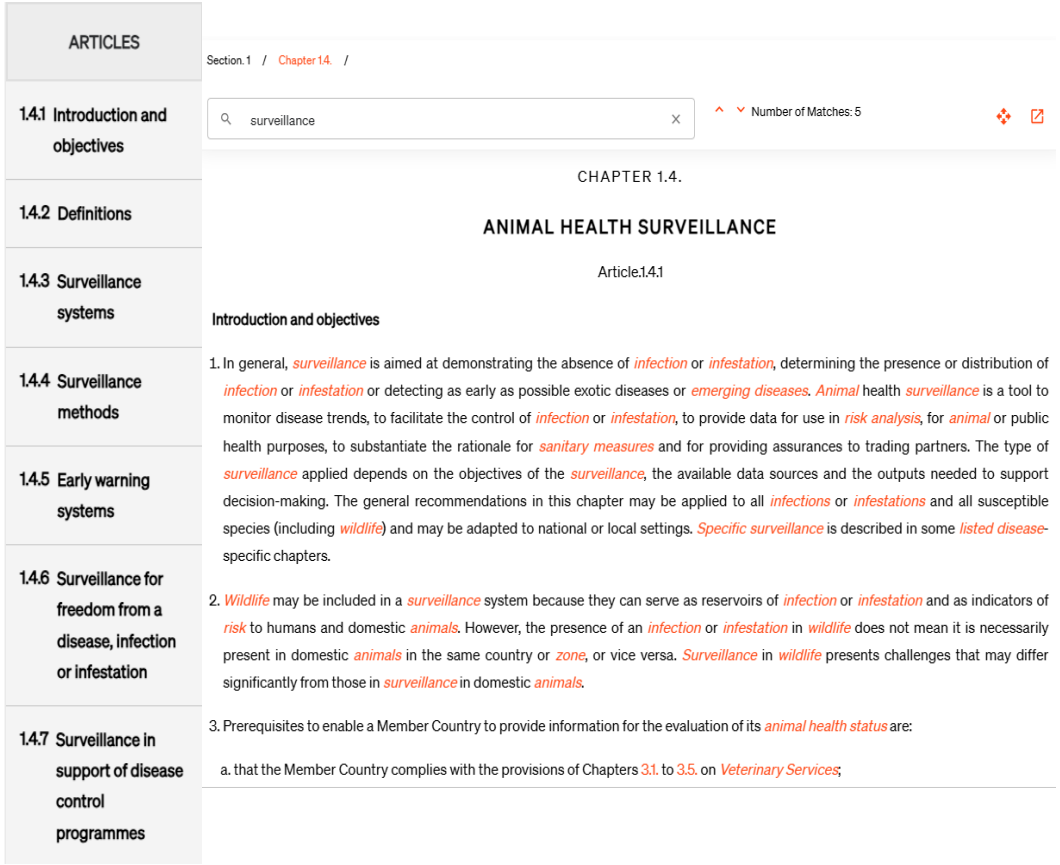
- Selected chapters updated every year
- Latest version publicly available on the WOAH website
- Previous editions are also available

https://www.woah.org/en/what-we-do/standards/codes-and-manuals/terrestrial-code-online-access/

General Surveillance Code -1.4 Animal health surveillance

Provides a standardised baseline applicable globally to all domestic species and wildlife surveillance programs.

The code recommendations are fully adaptable to regional, national, or small-scale compartment limits, offering operational flexibility.



ARTICLES

1.4.1 Introduction and objectives

1.4.2 Definitions

1.4.3 Surveillance systems

1.4.4 Surveillance methods

1.4.5 Early warning systems

1.4.6 Surveillance for freedom from a disease, infection or infestation

1.4.7 Surveillance in support of disease control programmes

Section.1 / Chapter 1.4. /

surveillance

Number of Matches: 5

CHAPTER 1.4.

ANIMAL HEALTH SURVEILLANCE

Article.1.4.1

Introduction and objectives

1. In general, *surveillance* is aimed at demonstrating the absence of *infection* or *infestation*, determining the presence or distribution of *infection* or *infestation* or detecting as early as possible exotic diseases or *emerging diseases*. *Animal* health *surveillance* is a tool to monitor disease trends, to facilitate the control of *infection* or *infestation*, to provide data for use in *risk analysis*, for *animal* or public health purposes, to substantiate the rationale for *sanitary measures* and for providing assurances to trading partners. The type of *surveillance* applied depends on the objectives of the *surveillance*, the available data sources and the outputs needed to support decision-making. The general recommendations in this chapter may be applied to all *infections* or *infestations* and all susceptible species (including *wildlife*) and may be adapted to national or local settings. *Specific surveillance* is described in some *listed disease*-specific chapters.

2. *Wildlife* may be included in a *surveillance* system because they can serve as reservoirs of *infection* or *infestation* and as indicators of *risk* to humans and domestic *animals*. However, the presence of an *infection* or *infestation* in *wildlife* does not mean it is necessarily present in domestic *animals* in the same country or *zone*, or vice versa. *Surveillance* in *wildlife* presents challenges that may differ significantly from those in *surveillance* in domestic *animals*.

3. Prerequisites to enable a Member Country to provide information for the evaluation of its *animal health status* are:

a. that the Member Country complies with the provisions of Chapters 3.1. to 3.5. on *Veterinary Services*;

DISEASE SPECIFIC –CHAPTERS 8.8 FMD

Article.8.8.43

General principles of surveillance

Articles 8.8.43. to 8.8.45. define the principles and provide a guide for the *surveillance* of FMD in accordance with Chapter 1.4. applicable to Member Countries seeking *establishment*, maintenance or recovery of freedom from FMD at the country, *zone* or *compartment* level or seeking endorsement by WOAH of their *official control programme* for FMD, in accordance with Article 8.8.42. *Surveillance* aimed at identifying disease and *infection* with, or transmission of, FMDV should cover domestic and, where appropriate, *wildlife* species as indicated in point 2 of Article 8.8.1.

1. Early detection

A *surveillance* system in accordance with Chapter 1.4. should be the responsibility of the *Veterinary Authority* and should provide an *early warning system* to report suspected *cases* throughout the entire production, marketing and processing chain. A procedure should be in place for the rapid collection and transport of samples to a *laboratory* for FMD diagnosis. This requires that sampling kits

enerated on: 05/11/2026, 8:38 AM © Terrestrial Animal Health C

and other equipment be available to those responsible for *surveillance*. Personnel responsible for *surveillance* should be able to seek assistance from a team with expertise in FMD diagnosis and control.

2. Demonstration of freedom

The impact and epidemiology of FMD widely differ in different regions of the world and therefore it is inappropriate to provide specific recommendations for all situations. *Surveillance* strategies employed for demonstrating freedom from FMD in the country, *zone* or *compartment* at an acceptable level of confidence should be adapted to the local situation. For example, the approach to demonstrating freedom from FMD following an *outbreak* caused by a pig-adapted strain of FMDV should differ significantly from an approach designed to demonstrate freedom from FMD in a country or *zone* where African buffaloes *(Syncerus caffer)* provide a potential reservoir of *infection*.

Surveillance for FMD should be in the form of a continuing programme. Programmes to demonstrate no evidence of *infection* with, and transmission of, FMDV should be carefully designed and implemented to avoid producing results that are insufficient to be accepted by WOAH or trading partners, or being excessively costly and logistically complicated.

The strategy and design of the *surveillance* programme will depend on the historical epidemiological circumstances including whether *vaccination* has been practised or not.

2. Demonstration of freedom

The impact and epidemiology of FMD widely differ in different regions of the world and therefore it is inappropriate to provide specific recommendations for all situations. *Surveillance* strategies employed for demonstrating freedom from FMD in the country, *zone* or *compartment* at an acceptable level of confidence should be adapted to the local situation. For example, the approach to demonstrating freedom from FMD following an *outbreak* caused by a pig-adapted strain of FMDV should differ significantly from an approach designed to demonstrate freedom from FMD in a country or *zone* where African buffaloes *(Syncerus caffer)* provide a potential reservoir of *infection*.

Surveillance for FMD should be in the form of a continuing programme. Programmes to demonstrate no evidence of *infection* with, and transmission of, FMDV should be carefully designed and implemented to avoid producing results that are insufficient to be accepted by WOAH or trading partners, or being excessively costly and logistically complicated.

The strategy and design of the *surveillance* programme will depend on the historical epidemiological circumstances including whether *vaccination* has been practised or not.

A Member Country wishing to substantiate FMD freedom where *vaccination* is not practised should demonstrate no evidence of *infection* with FMDV in unvaccinated *animals*. Previously or newly introduced vaccinated *animal populations* should be considered in the strategy and design of the *surveillance* programme.

A Member Country wishing to substantiate FMD freedom where *vaccination* is practised should demonstrate that FMDV has not been transmitted in any susceptible *populations*. Within vaccinated *populations*, serological surveys to demonstrate no evidence of transmission of FMDV should target *animals* that are less likely to show vaccine-derived antibodies to NSP, such as young *animals* vaccinated a limited number of times, or unvaccinated *animals*. In any unvaccinated *subpopulation*, *surveillance* should demonstrate no evidence of *infection* with FMDV.

Surveillance strategies employed for establishing and maintaining a *compartment* should identify the *prevalence*, distribution and characteristics of FMD outside the *compartment*.

DISEASE SPECIFIC –CHAPTERS 11.9 LSD/

Article.11.9.15

Surveillance

1. General principles of surveillance

   A Member Country should justify the *surveillance* strategy chosen as being adequate to detect the presence of *infection* with LSDV even in the absence of clinical signs, given the prevailing epidemiological situation in accordance with Chapter 1.4. and Chapter 1.5. and under the responsibility of the *Veterinary Authority*.

   The *Veterinary Services* should implement programmes to raise awareness among farmers and workers who have day-to-day contact with livestock, as well as *veterinary paraprofessionals*, *veterinarians* and diagnosticians, who should report promptly any suspicion of LSD.

   In particular Member Countries should have in place:

   a. a formal and ongoing system for detecting and investigating *cases*;
   b. a procedure for the rapid collection and transport of samples from suspected *cases* to a *laboratory* for diagnosis;
   c. a system for recording, managing and analysing diagnostic and *surveillance* data.

2. Clinical surveillance

   Clinical *surveillance* is essential for detecting *cases* of *infection* with LSDV and requires the physical examination of susceptible animals.

   Surveillance based on clinical inspection provides a high level of confidence of detection of disease if a sufficient number of clinically susceptible animals is examined regularly at an appropriate frequency and investigations are recorded and quantified. Clinical examination and *laboratory* testing should be pre-planned and applied using appropriate types of samples to clarify the status of suspected *cases*.

3. Virological and serological surveillance

   An active programme of *surveillance* of susceptible *populations* to detect evidence of *infection* with LSDV is useful to establish the status of a country or *zone*. Serological and molecular testing of bovines and water buffaloes may be used to detect presence of *infection* with LSDV in naturally infected animals.

   The study *population* used for a serological survey should be representative of the *population* at *risk* in the country or *zone* and should be restricted to susceptible unvaccinated animals. Identification of vaccinated animals may minimise interference with serological *surveillance* and assist with recovery of free status.

4. Surveillance in high-risk areas

DISEASE SPECIFIC –CHAPTERS 14.7 PPR

Article.14.7.6

Establishment of a containment zone within a PPR free country or zone

In the event of limited *outbreaks* within a PPR free country or *zone*, including within a protection *zone*, a single *containment zone*, which includes all *cases*, can be established for the purposes of minimising the impact on the entire country or *zone*.

For this to be achieved and for the Member Country to take full advantage of this process, the *Veterinary Authority* should submit documented evidence as soon as possible to WOAH that:

1. the *outbreaks* are limited based on the following factors:
    a. immediately on suspicion, a rapid response including *notification* has been made;
    b. standstill of animal movements has been imposed, and effective controls on the movement of other *commodities* mentioned in this chapter are in place;
    c. epidemiological investigation (trace-back, trace-forward) has been completed;
    d. the *infection* has been confirmed;
    e. the primary *outbreak* has been identified, and investigations on the likely source of the *outbreak* have been carried out;
    f. all *cases* have been shown to be epidemiologically linked;
    g. no new *cases* have been found in the *containment zone* with a minimum of two *incubation periods* as defined in Article 14.7.1. after the stamping-out of the last detected *case* is completed;
2. a *stamping-out policy* has been applied;
3. the susceptible *animal population* within the *containment zones* is clearly identifiable as belonging to the *containment zone*;
4. increased passive and targeted *surveillance* in accordance with Articles 14.7.27. to 14.7.33. in the rest of the country or *zone* has not detected any evidence of *infection*;
5. animal health measures that effectively prevent the spread of the PPRV to the rest of the country or *zone*, taking into consideration physical and geographical barriers, are in place;
6. ongoing *surveillance* is in place in the *containment zone*.

The free status of the areas outside the *containment zone* is suspended while the *containment zone* is being established. The free status of these areas may be reinstated irrespective of Article 14.7.7., once the *containment zone* is clearly established, by complying with points 1 to 6 above. It should be demonstrated that *commodities* for *international trade* have originated outside the *containment zone*.

The recovery of the PPR free status of the *containment zone* should follow Article 14.7.7.

Article.14.7.29

Surveillance strategies

1. Clinical *surveillance*

    Clinical *surveillance* aims to detect clinical signs of PPR by close physical examination. Clinical *surveillance* and epidemiological investigations are the cornerstone of all *surveillance* systems and should be supported by additional strategies such as virological and serological *surveillance*. Clinical *surveillance* may be able to provide a high level of confidence of detection of disease if sufficiently large numbers of clinically susceptible *animals* are examined. It is essential that clinical *cases* detected be followed up by the collection of appropriate samples such as ocular and nasal swabs, blood or other tissues for virus isolation or virus detection by other means. Sampling *units* within which suspicious *animals* are detected should be classified as infected until fully investigated.

    Active search for clinical disease can include participatory disease searching, tracing backwards and forwards, and follow-up investigations. Participatory *surveillance* is a form of targeted active *surveillance* based upon methods to capture livestock owners' perceptions on the *prevalence* and patterns of disease.

    The labour requirements and the logistical difficulties involved in conducting clinical examinations should be taken into account.

    PPRV isolates may be sent to a WOAH Reference *Laboratory* for further characterisation.

2. Virological *surveillance*

    Given that PPR is an acute *infection* with no known carrier state, virological *surveillance* should only be conducted as a follow-up to clinically suspected *cases*.

3. Serological *surveillance*

    Serological *surveillance* aims to detect antibodies against PPRV. Positive antibody test results can have four possible causes:

    a. natural *infection* with PPRV;

    b. *vaccination* against PPR;

    c. maternal antibodies derived from an immune dam (maternal antibodies in small ruminants can be found only up to six months of age);

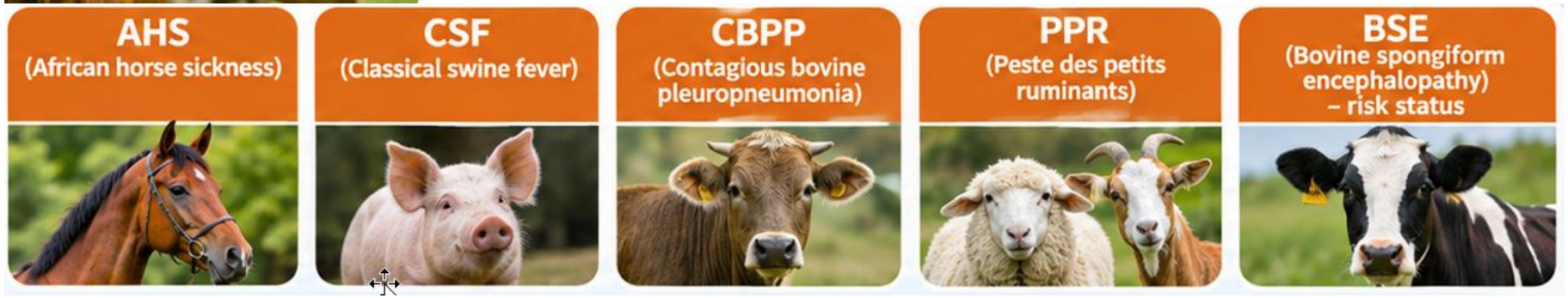
    d. heterophile (cross) and other non-specific reactions.

    It may be possible to use serum collected for other survey purposes for PPR *surveillance*. However, the principles of survey design described in this chapter and the requirement for a statistically valid survey for the presence of PPRV should not be compromised.

WOAH official recognition of animal health status

Official recognition of animal health status for:

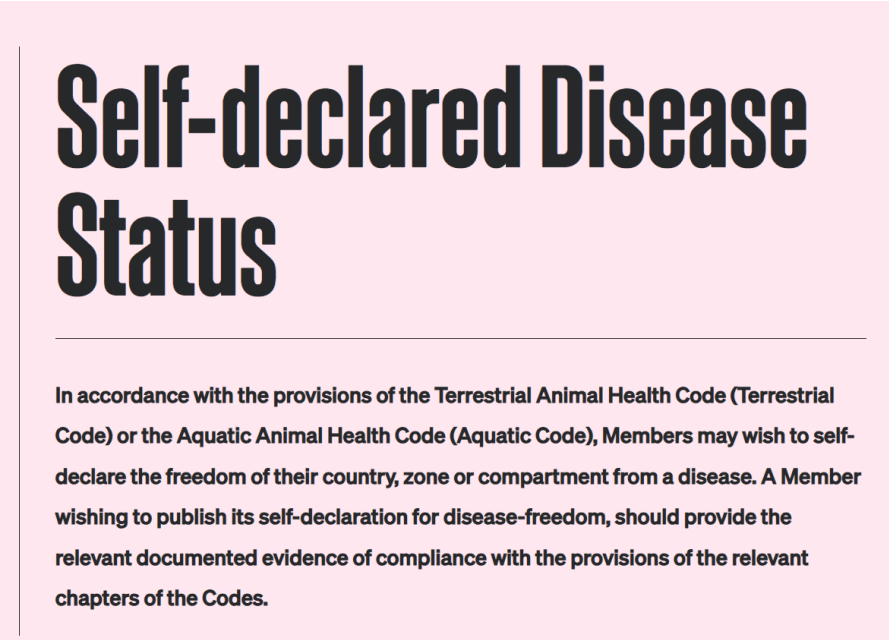




Endorsement of official control programmes for:



SELF-DECLARATION



www.woah.org/self-declaration

A **self-declaration of disease freedom** is a documented statement from the Delegate of the Member and it is entirely under their responsibility.

- Documented **compliance** with the provisions of **Article 1.6.3.** and with **disease-specific articles** of the *Terrestrial Code*

- Following the **Standard Operating Procedure** on the publication of self-declarations

Thank you

WOAH Sub-Regional Representation
for South-East Asia

srr.seasia@woah.org

